

EXHIBIT A

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

(Please print or type)

Name of Customer: Jordan Group, LLC - Attn: John Jordan

Mailing Address: 8111 Bay Colony Drive, Unit 1004

City: Naples State: FL Zip: 34108

Account No.: Unknown

Taxpayer I.D. Number (Social Security No.): 51-0379649

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ _____

b. I owe the Broker a Debit (Dr.) Balance of \$ _____

c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ _____

d. If balance is zero, insert "None."

NONE

***See Supplemental Claim Information Attachment A**

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>Bernard Madoff Securities</u>	<u>\$1055554.</u>	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	<u>X</u>
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	<u>X</u>
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	<u>X</u>
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	<u>X</u>
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	<u>X</u>
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	<u>X*</u>	_____
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	_____	<u>X</u>

Please list the full name and address of anyone assisting you in the preparation of this claim form: _____

***See Supplemental Claim Information Attachment A**

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 6-22-09 Signature John L. Jordan
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

CLAIM OF
Jordan Group, LLC - Attn: John Jordan

SUPPLEMENTAL CLAIM INFORMATION
ATTACHMENT A

Claimant is filing this claim form as a customer of Bernard L. Madoff Investment Securities LLC ("BMIS"), having invested in BMIS through an investment in a Fund, **Beacon Associates LLC I**. The Fund has informed claimant that its customer account number with BMIS is **1B0118**. The Fund has also advised claimant it is filing a customer claim for the losses in its customer account with BMIS. Claimant reasonably believes, and therefore avers, that Beacon Associates LLC had become an agent or instrumentality of BMIS, and accordingly claimant became a customer of BMIS.

The Fund did not provide claimant with account statements which separately identified account transactions in BMIS. Accordingly, there are limitations on the claimant's ability at this time to identify claimant's transactions with BMIS. Claimant has been advised that 74% of claimant's investment in the Fund was in fact invested in BMIS and on that basis has calculated the amount of the investment in BMIS.

Claimant believes that on December 11, 2008, the amount of claimant's investment was all held in securities. BMIS invested either in covered stock option collars, with purchases of a market basket of stocks hedged by offsetting puts and calls, a United States Treasury Bill, or in Fidelity Spartan U.S. Treasury Money Market. Claimant is not currently aware of which securities were held on December 11, 2008.

Discussions with the Fund on behalf of claimant have made it clear that claimant cannot assume that any withdrawals taken from the Fund by claimant, if any, were matched by withdrawals by the Fund from BMIS. Management of the Fund has stated that withdrawals from the Fund were often funded by a line of credit or its flow of funds from new investors. Accordingly, claimant does not have any information about the withdrawal of funds from the debtor. Claimant made no personal or direct withdrawals of any kind.

Contact Information:

Jordan Group, LLC, Attn: John L. Jordan
jbj1215@aol.com
(610) 399-8888; or (239) 596-5353
and Bernard Eizen, Esquire
beizen@efm.net
(215) 751-9666

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent X <i>[Signature]</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Irving H. Picard, Esq.</i> <i>Trustee for Bernard L.</i> <i>Maddoff Investment Securities</i> <i>LLC</i> <i>Claims Processing Center</i> <i>2100 McKinney Ave Ste 800</i> <i>Dallas, TX 75201</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	
2. Article Number _____ (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

502180406

For claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.
Trustee for Bernard L. Maddoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Joint is shared; all must sign above. Give each owner's name, and extent of ownership on a signed separate sheet. If other e.g., corporate, trustee, custodian, etc., also state your capacity apply the trust agreement or other proof of authority.)

*** THANK YOU ***

[Signature]
Signature

TOTAL 11.69
CASH 12.00
CHANGE .31

TRUE AND ACCURATE TO THE BEST OF MY

DERAL LAW TO FILE A FRAUDULENT CLAIM
IN A FINE OF NOT MORE THAN \$50,000 OR
RE THAN FIVE YEARS OR BOTH.

nt of your claim, you may file an estimated claim. In the
is an estimated claim.

POSTAGE & FEES	
Postage	1.05
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	6.15
Total Postage & Fees	12.30

Sent to *I. H. Picard Esq*
 Street, Apt. No. _____
 or PO Box No. _____
 City, State, ZIP+4 _____

Postmark Here

RECEIVED MAIL RECEIPT

7008 3230 0001 4752 2893